

**CCR QUADRENNIAL REVIEW OF STAFF SCIENTISTS/CLINICIANS
“REPORT CARD”**

To be sent directly to the employee

A. EMPLOYEE’S NAME:		
B. ORGANIZATIONAL LOCATION:		
C. RANK (circle one)		
1 = Outstanding		
2 = Exceptional (option to fill out section D)		
3 = Good (option to fill out section D)		
4 = Satisfactory (must fill out section D)		
5 = Unsatisfactory (must fill out section D)		
D. Needs Improvement in: (Except for a ranking of outstanding – indicate as many as apply)		
√		
Scientific productivity	Comments:	
Collaboration		
Participation in faculties or special interest grps		
Scientific Presentations		
Teaching/mentoring		
Continuing Education - Training		
Core Activities		
Other		